

Breaking the Cycle:

By Kathy Davis



Nursing runs in Evie Vaughn's family. Her mother is a nurse and her sister is training to be one. Vaughn knows she could earn more at a hospital job. Instead, this animated 26-year-old with a tongue stud and tattoos stands in front of a classroom of welfare recipients with a row of contraceptive devices arrayed before her.

"I have the best job in the world," she said. "I get to talk about sex all day." Vaughn, who is employed by Planned Parenthood, provides family planning services at a clinic housed inside the Washington state welfare office in North Spokane.

A decade of providing access to family planning in state Community Services Offices (CSOs) has yielded a one-third decline in the birth rates of women on welfare. The birth rate among Medicaid recipients who also receive Temporary Assistance for Needy Families (TANF) went from 60.3 births per 1,000 women in 1994 to 42.6 per 1,000 in 2000, according to

a state research report, *Birth Rates After Welfare Reform*.

Teenage mothers on welfare experienced an even more dramatic drop in births, falling from 46.6 per 1,000 teens ages 15 to 17 to 20.7 per 1,000—a decrease of more than 55 percent. Older teens ages 18 to 19 had a 40 percent decline in birth rates.

So what caused this decline?

In the early 1990s, Washington's Medical Assistance Administration began contracting with family planning agencies that placed nurses in the CSOs. The nurses provided on-site access to family planning services to low-income clients applying for TANF, Medicaid, food assistance, and other benefits.

By 1999, all CSOs offered printed birth control information and non-prescription birth control methods. Nearly one-half offered prescription birth control. Three-quarters had a



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family planning nurse in the office at least once a week. In 72 percent of CSOs, a staff member spent at least 20 hours a week providing family planning services.

The outcome of the family planning initiative is an important aspect of the success for Washington's welfare reform program, WorkFirst. Since Gov. Gary Locke launched the program in 1997, Washington's TANF caseload has dropped by 45 percent. Today, the portion of the state's population collecting welfare is the lowest in more than 30 years, at less than 2.5 percent.

Reform alone would not have brought about Washington's dramatic birth rate drop among women on welfare, according to Dr. Laurie Cawthon, who headed the state's recent birth rate study.

"This did not happen overnight," she said. "You can't put welfare reform in place and think that's it—Washington started (family planning efforts) at least four years earlier."

Costs and Consequences Focus Policy on Birth Rates

Like many public policy initiatives, this one resulted from a convergence of related issues and individual conviction.

In 1989, the state legislature created the First Steps program, aimed at improving maternal and infant health by expanding Medicaid coverage for pregnant women.

The law required monitoring and evaluation, so the state created a database matching birth certificates to Medicaid claims. While initial

studies focused on birth outcomes and prenatal care, over time policymakers became increasingly interested in birth trends, pregnancies, and medical expenses for different populations.

Medicaid pays for about 42 percent of all births in Washington and the implications of those costs led to an interest in reducing the birth rate, especially those with pregnancies that are not planned. More than one-half of the pregnancies in Washington state are unintended at the time of conception.

At about the same time, Mike Masten was running the North Spokane Community Services Office. "I could see that a major factor toward being on welfare was having a child, especially as a teenager," he said. "I felt we could have an impact on that, so we reached out to the community and contracted with Planned Parenthood to train our staff in family planning issues."

Masten, who is now director of Community Services and oversees the 65 CSOs across Washington, also knew from research and his own observations that family size was related to a parent's ability to go to work and get off welfare.

"Having more kids makes everything harder and child care subsidies are a huge expense."

House budget chair, Rep. Helen Sommers, agreed with Masten and could see positive benefits for families and the state purse resulting from more access to family planning. Her efforts brought funding and a mandate in state law requiring all welfare and social workers to offer family planning information and assistance.

Zero Births Goal Motivates Staff

The state's welfare reform program, WorkFirst, was designed to help parents go to work, advance up a career ladder, and become self-reliant. Clients are required to work, or look for or prepare for employment. They are offered an array of support, such as child care, transportation, basic skills and vocational training, clothing, food, and health care coverage. Out of WorkFirst principles came an ambitious goal of zero additional births to women while they are on welfare.

"We wanted to send a strong message," said June Hershey, a family planning program manager. "You can't be self-sufficient without control over your reproduction. We felt it had to be all or none—you can't be partially pregnant!"

When the *Seattle Times* covered the one-third drop in welfare births, "the reporter was shocked that staff quoted the 'zero births' goal," said Masten. "Even I hadn't realized how far it had permeated."

North Spokane was the first Community Services Office to install a full-family planning clinic that can conduct examinations and dispense a variety of contraceptives. There are now seven such clinics across the state and 56 nurses working in CSOs. Abortions are not among the family planning services that are provided.

As Evie Vaughn began her presentation to a group of WorkFirst clients attending their week-long Job Search Workshop, the audience shuffled uncomfortably in their seats.

"Why am I here?" she asked, "Because kids are expensive and so is

child support.” The men and women in the classroom nodded and murmured agreement.

The classroom erupted in laughter frequently throughout Vaughn’s presentation. And as they got comfortable, they asked more questions. “When they laugh, they listen,” Vaughn likes to say.

Education and Leadership Ease Discomfort with Topic

While WorkFirst clients may get details about family planning services through the Job Search Workshop, all clients will be at least introduced to the topic by their case managers. As part of the eligibility determination process, WorkFirst case managers are required to provide written information about family planning and offer a referral for services.

Yet not everyone is comfortable discussing the topic. “The frustrating thing for me is people not being able to separate themselves from the concept. Family planning is so personal. Family planning is also a tool, like we use shovels to dig holes. It’s something

that could help somebody,” explained a family planning worker.

In a report that evaluated CSO-based family planning services in five urban and rural communities, *Family Planning in Washington Community Services Offices*, the key strategies named for addressing staff apprehension were:

- Integrating family planning staff and services into the overall work and culture of the offices;
- Leadership that emphasizes the importance of family planning in helping clients become self-sufficient; and
- Education and training by family planning staff.

Family planning workers found it useful to emphasize that case managers did not have to discuss individual family planning issues with clients. The goal is to let clients know that these services are available, and that they are covered by Medicaid, and to refer interested clients to the family planning staff.

Providing tools to help raise the issue is also helpful. “We give them a

dialogue, not a script that they’re going to whip out and read. Just let them know, ‘Here’s all you need to say,’” stated a respondent in the report.

The report also found that the personality characteristics of family planning workers are a key to success. They must be outgoing, flexible, and creative. They must be comfortable discussing sexuality and have a good rapport with clients and other staff.

“Not everyone can do this kind of work,” commented one manager in the report. In the course of hiring for a family planning position, the manager said that “as part of the interview I wanted them to give me a demonstration and lecture on how to use condoms and why I should use condoms.... it was very obvious then who could do it and who couldn’t.”

Support from the top is crucial as well, noted the report authors. As one manager put it, “It’s not a reasonable expectation that line staff are going to do all this work in a climate that’s not supportive.”

While some staff are reluctant to discuss family planning out of discomfort, others hold personal, religious, or political beliefs that cause them to oppose offering such services. These values may be reflected as well in the community at large.

Creative Approaches Build Support

“Washington is diverse and CSO staff reflect that diversity,” said researcher Cawthon. “Unless the community supports this issue, the most we can achieve is a drop in the bucket.”

To build that support, family planning staff build coalitions with other service providers and perform volunteer services for community organizations. They reach out to schools, pharmacies, and medical providers to raise the issues of family planning and sexual health.





Vaughn (right) discusses family planning with a client.

Other activities by family planning staff to overcome these challenges take on a truly creative touch, such as “Mom and Me Teas” offering new mothers a get-together with treats, speakers, and—last on the agenda—family planning information. Another location sponsored a “Tupperware-style” lingerie party with family planning items as door prizes. Pizza parties are held at high schools or community teen centers in some areas.

Reaching Teens, Spreading Access Prevents Dependency

Gaining client trust was cited as another key factor for a successful family planning program.

Usually, when people come to a CSO, they are in crisis mode, lacking employment, food, housing, medical care for an emergent health issue, or other immediate needs. Family planning is likely to be the last thing on their minds. They may be resistant to discussing such a personal topic with staff, may have cultural or religious issues, or may be skeptical about confidentiality.

Staff strategies include addressing primary issues first, before bringing up family planning. Workers explain what services are available, but emphasize that the client makes the choice about what to do. They use culturally sensitive behaviors. And they discuss family planning in an open-minded and calm manner in the context of overall health issues.

“As soon as you start talking about it and you’re open about it, it frees them up to talk about it. The more relaxed I am, the more relaxed they are about it,” explained one family planning worker.

Teenagers in particular are concerned about confidentiality. Maintaining a high trust level gives them a sense of safety and a place to talk openly about their health and birth control needs.

Evie Vaughn urged the Spokane workshop group to talk to their kids about sex and family planning. She offered to talk to them, if their parents were uncomfortable or unsure what to say.

“Young people will talk to me because I’m pierced and I’m tattooed,”

she said. “They relate to me.” She added, “Those who have had kids as teenagers, they’re the ones whose kids are most likely to have babies too young. I really want to break that cycle.”

Washington’s Gov. Gary Locke understands the connection between welfare dependency and family planning. As a result, from 1999 to 2001, he directed \$5 million of TANF caseload savings to expand family planning access.

Beginning in July 2001, expanded eligibility became institutionalized with creation of the state’s Take Charge family planning program. Take Charge is a state- and federally funded initiative to cover pre-pregnancy, family planning costs for men and women earning up to 200 percent of the federal poverty level who are not eligible for other medical assistance.

As of August 2002, the program had enrolled nearly 60,000 people seeking to take responsibility for their lives before an unintended pregnancy occurs. Washington residents can find out about family planning services by calling the state’s toll-free number 800-770-4334, or going online to the web site, <http://fortress.wa.gov/dshs/maa/familyplan/>.

The state’s focus on reaching out to teens, welfare recipients, and low-to-middle-income adults all contribute to breaking the cycle of poverty and assuring that parents are financially able to support their children from the time of birth.

“Teen and out-of-wedlock births lead disproportionately to dependency on welfare,” commented Mike Masten. “A strong family planning effort is our best hope of reducing welfare caseloads and public medical costs in the long-term.” ●